

**DOCUMENTS NEEDED TO COMPLETE YOUR APPLICATION
(COPIES ONLY)**

- _____ YOUR PICTURE ID
- _____ SSN CARD FOR YOU AND YOUR CHILD (REN)
- _____ CURRENT WAGE STUBS (LAST 4 WEEKS)
- _____ CHILD CARE RECEIPTS (ON PROVIDERS LETTERHEAD)
- _____ MEDICAL INSURANCE COST PER MONTH (CHILD ONLY)
- _____ MEDICAL INSURANCE CARD (CHILD ONLY)
- _____ PHOTOGRAPH OF THE NON-CUSTODIAL PARENT
- _____ CHILD(REN)'S BIRTH CERTIFICATE
- _____ SEPARATION OR DIVORCE DECREE
- _____ CUSTODY / CHILD SUPPORT ORDERS
- _____ APPLICATION FEE \$25.00 (**MONEY ORDER OR CERTIFIED CHECK**)
- _____ APPLICATION FEE \$10.00 (**MONEY ORDER OR CERTIFIED CHECK**)

NO PERSONAL CHECKS

Individuals receiving services through Public Assistance (WFFA, Foster Care, Medicaid) Programs are automatically referred and are eligible for Child Support services free of charge. Non-public assistance clients will be responsible for paying up to a twenty-five (\$25) non-refundable application fee. If any application fee is required, no services will begin until the fee is paid.

MAKE ALL PAYMENTS PAYABLE TO: DURHAM COUNTY DSS CHILD SUPPORT

SEND ALL INFORMATION AND PAYMENTS TO:

**DURHAM COUNTY CHILD SUPPORT ENFORCEMENT
POST OFFICE BOX 810
DURHAM, NC 27707-9982**

COUNTY OF DURHAM

MEMORANDUM OF UNDERSTANDING AND AGREEMENT BETWEEN THE DURHAM COUNTY CHILD SUPPORT ENFORCEMENT (IV-D) AGENCY AND THE IV-D CLIENT

- A) **PROGRAM PURPOSE AND SERVICES:** The purpose of the IV-D Program is to ensure that responsible absent parents support their children. Services will be provided to non-public assistance clients in the same manner as they are provided to public assistance clients. Services include: Location of Absent Parents; Establishment of Paternity (Procedures to establish paternity for children born out of wedlock explained); Establishment of Support (steps that probably will be taken explained); Enforcement of Obligations. Durham County or the State of North Carolina may have a right to recover past paid public assistance from the person from whom I am seeking support.
- B) **CLIENT COOPERATION:** Requirement to cooperate fully with the Agency, including but not limited to: Keeping all appointments with the Agency; providing complete information on the absent parent(s); appear and testify in court if Agency or courts deem necessary; submit self and child(ren) to genetic tests for paternity determination if deemed necessary by the Agency or the courts; consult with and obtain consent from the Agency prior to taking any independent legal action regarding child support; keep the Agency informed of changes in my name, address of all parties, custody of child(ren), or reconciliation with the absent parent.

I understand that my failure to cooperate may result in my case being terminated (non-public assistance clients), or my public assistance benefits being terminated and/or a protective payee being assigned for public assistance benefits (public assistance clients).

- C) **CLIENT COMPLAINT PROCESS:** The agency is required to review all child support cases in which a client has a concern (complaint) about the services being delivered and/or expectations. If an error occurs in a case or an action is not taken on a case and should have been, then the client can request that a supervisor review the case. All requests for review must be in writing with client's name, social security number, statement of what error occurred and what the client expected or expects to happen. The supervisor has thirty days to review the case and respond in writing to the client. If the client is not satisfied with the supervisor's response, a second written request can be made for the Program Consultant to review and respond in writing within thirty days of receipt.
- D) **LEGAL REPRESENTATION AND COURT ORDERS:** The attorneys handling all civil matters for the Agency represent and advise the Agency only in its efforts to secure child support and do not represent the client. Agency attorneys are available to handle local civil court hearings held for the purpose of obtaining support. If a criminal charge is filed, the District Attorney's Office will be responsible for prosecuting the case. Clients may elect to retain private counsel. If a private attorney is obtained, client must inform the Agency in writing of any commitment for representation and the extent of such legal representation. The client should notify the Agency in writing whenever private representation is terminated or transferred to a different attorney.

This Agency does not provide services regarding visitation, custody, and other collateral issues. Client will be required by any court order obtained by this Agency to keep the obligated absent parent informed of the residence and mailing address of the child(ren) unless it has been determined that the absent parent has committed acts that constitute violence under Chapter 50-B of the General Statutes of North Carolina. Awards established by the court order will be set in accordance with the North Carolina Child Support Guidelines unless application would be inequitable to one of the parties of the child(ren). The absent parent will be subject to immediate income withholding. Non-public assistance cases in which a child support obligation exists may be reviewed for modification once every three years at the request of either party. Public assistance cases will be reviewed every three years.

By signing this document I authorize the Durham County Child Support Office to take the following measures on my behalf: (a) agree to genetic tests to establish paternity where paternity has not been previously established by the courts; (b) agree to child support in an amount determined by applying the presumptive guidelines to the absent parent's regular income and total number of children for whom he/she is responsible, unless extenuating circumstances justify variance from the guidelines; and (c) utilize such civil, criminal or administrative remedies as the IV-D Agency in its sole discretion deems reasonable and appropriate. I understand that if the absent parent signs a Voluntary Support Agreement that I am to keep him informed of the residence and mailing address of the child(ren), and of any changes in my income.

- (E) **TAX INTERCEPT:** All cases meeting the criteria will be submitted for tax intercept to collect arrears. Arrears will be paid off in the following order: **Federal-TANF**, foster care, Non-TANF; **State-Current Support**, Non-TANF, TANF, foster care. A processing fee may be charged. The fee is deducted from the tax refund. If a joint return is intercepted, there may be a delay of up to six months before distribution. Payments to a client may be subject to adjustment for six years following the tax year.
- (F) **DISTRIBUTION PROCESS:** Child support paid in all Agency cases will be paid through the NC Child Support Centralized Collection and processed through the North Carolina Department of Health & Human Services. Distribution of money process, inquiry and appeal procedures explained to client.
- (G) **SOCIAL SECURITY NUMBERS:**
 - (1) Provision of the child(ren)'s Social Security Number(s) to the Agency is required in order to provide proper services, per federal regulations at 45 CFR 303.21a). The child(ren)'s Social Security Number(s) may be used for health insurance coverage (disclose number(s) to absent parent and/or insurance company to enroll child(ren) for coverage); case file identification; enforcement of actions.
 - (2) Client's Social Security Number may be used for file identification and enforcement actions.
 - (3) Absent parent's Social Security Number may be used for: location purposes; case file identification; submission of cases for tax-refund offset; and enforcement actions.
- (H) Individuals receiving services through Public Assistance (WFFA, Foster Care, Medicaid) Programs are automatically referred and are eligible for Child Support services free of charge. Non-public assistance clients will be responsible for paying up to a twenty-five (\$25) non-refundable application fee. If any application fee is required, no services will begin until the fee is paid.

I _____, the undersigned, understand and agree to the above Memorandum Of Understanding. The above matters were fully explained to me by the Durham County Child Support Enforcement (IV-D) Agency:

Date: _____

Client's Signature: _____

IV-D Worker: _____

At the time the absent parent is placed under an order your case will be transferred to _____. When money is paid you may call **1-800-922-9457** to find out when you will get a check or website at www.ncchildsupport.com. Website available 24 hours except Sunday's 3:00am – 1:00pm.

APPLICATION FOR CHILD SUPPORT SERVICES

_____, SSN _____ hereby contract with the _____ County Child Support Enforcement Agency to provide appropriate child support services. This application constitutes the contract and its terms. I understand that the Child Support Agency determines which services are necessary for me. If any application fee is required, no services will begin until the fee is paid.

Applicant's Rights and Responsibilities

I understand and agree that:

- ◆ Any payments sent to me in error are my responsibility to repay.
- ◆ The agency will collect any payments sent to me in error. The agency collects **10%** of current support payments due to me and **ALL** money paid toward arrears due to me, until it is paid.
- ◆ The agency may use an attorney to establish or enforce my child support order. **The attorney represents the interests of the agency and no attorney-client relationship exists between the attorney and me.** The attorney cannot handle any other legal matter such as custody or visitation.
- ◆ I have the right to request that my support order be reviewed for a possible adjustment every **three** years or an earlier date if there is a significant change in circumstances.

Tax Refund Intercept

Federal law requires that the agency intercept tax refunds to pay off past due child support.

I understand and agree that:

- ◆ If the noncustodial parent owes past due support that meets the rules for tax intercept, the agency notifies the Internal Revenue Service and the N.C. Department of Revenue to withhold up to that amount from the noncustodial parent's tax refund.
- ◆ Past due support owed to the State may be paid before I receive any past due support.
- ◆ A processing fee may be charged. The fee is deducted from the tax refund.
- ◆ If the refund is intercepted from a joint return, the agency must determine if I can receive any of the money. This process may take up to six months.
- ◆ The IRS may adjust the amount of the refund for up to six years. This may require that I return a portion of the refund previously sent to me.

Use of Social Security Number:

Federal regulations at 42 USC 666 (a)(13) require the mandatory disclosure of your SSN. The number will only be used for the purpose of establishing paternity and establishing, modifying, and enforcing the support obligation.

I have received Program information describing services, fees, rights and responsibilities, collection policies and distribution procedures. I am returning all completed supplemental information with this application.

Applicant Signature

Date

For Office Use Only

_____ IVD Number

Locate Only

Child Support

Medical Support

**APPLICATION SUPPLEMENTAL DATA
CHILD SUPPORT ENFORCEMENT
PART ONE: APPLICANT**

Please complete the following information about yourself, each noncustodial parent and child for whom you wish to receive our services. The more information that you can tell us, the better we will be able to serve you. If you need assistance in completing this information, please contact your local child support enforcement office. **Please notify us immediately if you have a change of address. We can only send support to you if we have a current mailing address.**

APPLICANT INFORMATION

Your Name

First _____ Middle _____ Last _____ Suffix _____ (e.g. Jr.)

Maiden Name(if appropriate) _____ Other names used currently, or in the past: _____

Date of Birth _____ **Race** _____ **Sex** _____ **Social Security Number** _____

Mailing Address:

Street _____

City _____ County _____ State _____ Zip Code _____

Home Address (if different from mailing address):

Street _____

City _____ County _____ State _____ Zip Code _____

Home Phone: _____ **Work Phone** _____ **May we contact you at work?** Yes No

Cell Phone: _____

APPLICANT INCOME INFORMATION

Employer's Name and address:

Employer's Phone: _____

Income

List all sources in monthly gross amounts

Amount

Source

\$ _____	_____
_____	_____
_____	_____

\$ _____ **Total**

Federal Benefits? Yes No If yes, check all that apply:

Social Security VA RR Retirement Civil Service

Postal Military Retirement Other _____

Unemployment? Yes No

Other Income: Please list source and amount:

LIST THE NAME(S) OF THE NONCUSTODIAL PARENT(S) FROM WHOM YOU NEED SUPPORT.

1. _____ 2. _____

3. _____ 4. _____

I certify that all of the information supplied by me is true and correct to the best of my knowledge and belief.

Applicant's Signature and Date

CHILD SUPPORT APPLICATION SUPPLEMENTAL DATA
PART TWO: CHILD(REN)

Complete the following information for each child.

CHILD(REN) INFORMATION	
Child's Name	Child's Noncustodial Parent _____
First _____ Middle _____ Last _____	Suffix _____ (e.g. Jr.)
Date of Birth _____	Race _____ Sex _____ Social Security Number _____
Relationship to you: <input type="checkbox"/> Child <input type="checkbox"/> Other (specify) _____	
Birthplace: _____	
City	County
State	
Where was child conceived? City _____ State _____ Child born out of wedlock? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Father named on child's birth certificate:	
First _____	Middle _____ Last _____
Is father named on birth certificate the biological father? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has paternity been legally established? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state when , where and how below:	
When? _____	Where? _____
How? (Check one) <input type="checkbox"/> By marriage <input type="checkbox"/> In court <input type="checkbox"/> Voluntary Acknowledgment	
Did father sign Affidavit of Parentage at birth? <input type="checkbox"/> Yes <input type="checkbox"/> No Have paternity/genetic tests been performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has father verbally acknowledged paternity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to whom? _____	
Does this child receive SSI or SSA? <input type="checkbox"/> Yes <input type="checkbox"/> No	

CHILD(REN) INFORMATION	
Child's Name	Child's Noncustodial Parent _____
First _____ Middle _____	Last _____ Suffix _____ (e.g. Jr.)
Date of Birth _____	Race _____ Sex _____ Social Security Number _____
Relationship to you: <input type="checkbox"/> Child <input type="checkbox"/> Other (specify) _____	
Birthplace: _____	
City	County
State	
Where was child conceived? City _____ State _____ Child born out of wedlock? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Father named on child's birth certificate:	
First _____	Middle _____ Last _____
Is father named on birth certificate the biological father? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has paternity been legally established? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state when , where and how below:	
When? _____	Where? _____
How? (Check one) <input type="checkbox"/> By marriage <input type="checkbox"/> In court <input type="checkbox"/> Voluntary Acknowledgment	
Did father sign Affidavit of Parentage at birth? <input type="checkbox"/> Yes <input type="checkbox"/> No Have paternity/genetic tests been performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has father verbally acknowledged paternity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to whom? _____	
Does this child receive SSI or SSA? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**CHILD SUPPORT APPLICATION SUPPLEMENTAL DATA
PART THREE: NONCUSTODIAL PARENT**

NONCUSTODIAL PARENT INFORMATION	
Noncustodial Parent's Name	
First _____ Middle _____ Last _____ Suffix _____ (e.g. Jr.)	
Maiden Name (if appropriate) _____ Alias/nickname/other names used: _____	
Date of Birth _____ Race _____ Sex _____ Social Security Number _____ (or age, if DOB is unknown)	
Relationship to you: <input type="checkbox"/> Spouse <input type="checkbox"/> Former Spouse <input type="checkbox"/> None <input type="checkbox"/> Other (specify) _____	
Marriage Date: _____ Separation/Divorce Date: _____	
Mailing Address: Is this address <input type="checkbox"/> Current or <input type="checkbox"/> Last Known? (Check one) Home Phone: _____	
Cell Phone: _____	
Street _____	
City _____ County _____ State _____ Zip Code _____	
Home Address (if different from mailing address): Is this address <input type="checkbox"/> Current or <input type="checkbox"/> Last Known? (Check one)	
Street _____	
City _____ County _____ State _____ Zip Code _____	
Birthplace: City _____ County _____ State _____	
Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Identifying Marks: _____	
Driver License Number: _____ State: _____	
Vehicle Make/Model/Year: _____ License Plate: Number and State: _____	
Usual Occupation: _____	
Father's name: _____ Address: _____	
Mother's name: (including maiden name) _____ Address: _____	
Most Recent Spouse's Name (other than yourself): _____	
Marriage Date: _____ Separation/Divorce Date: _____	

NONCUSTODIAL PARENT INCOME INFORMATION															
Employer's name and address: <input type="checkbox"/> Current or <input type="checkbox"/> Last Known (Check one) _____ _____ _____ Employer's Phone: _____	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center; padding: 5px;">Income</th> </tr> <tr> <th colspan="2" style="text-align: center; padding: 5px;">List all sources in monthly gross amounts</th> </tr> <tr> <th style="text-align: center; padding: 5px;"><u>Amount</u></th> <th style="text-align: center; padding: 5px;"><u>Source</u></th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">\$ _____</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">\$ _____</td> <td style="padding: 5px; text-align: right;">Total</td> </tr> </tbody> </table>	Income		List all sources in monthly gross amounts		<u>Amount</u>	<u>Source</u>	\$ _____	_____	_____	_____	_____	_____	\$ _____	Total
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<u>Amount</u>	<u>Source</u>														
\$ _____	_____														
_____	_____														
_____	_____														
\$ _____	Total														
Is noncustodial parent self employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Has noncustodial parent ever been employed by a Federal Government Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of agency _____															
Federal Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check all that apply: <input type="checkbox"/> Social Security <input type="checkbox"/> Postal <input type="checkbox"/> VA <input type="checkbox"/> RR Retirement <input type="checkbox"/> Civil Service <input type="checkbox"/> Military <input type="checkbox"/> Retirement <input type="checkbox"/> Other _____															
Unemployment? <input type="checkbox"/> Yes <input type="checkbox"/> No Other Income: Please list source and amount: _____															

PART FOUR: NONCUSTODIAL PARENT (CONT.)
NONCUSTODIAL PARENT MILITARY AND ARREST RECORD

Military Service? Yes No If yes, what branch? _____ **Rank** _____

Active Duty Reserve Retired Separated AWOL Unknown

Last known duty station _____ Service Start Date _____ Service End Date _____

Currently in prison/jail? Yes No

Prison/Jail Name: _____

Prior Arrest Record: Yes No If yes, when and where? _____

Offense _____ **Convicted?** Yes No Conviction Type Felony Misdemeanor Date _____

Is noncustodial parent currently on parole/probation? Yes No If yes, where? _____

Name of Parole/Probation Officer: _____

PART FIVE: SUPPORT ORDER INFORMATION

Do you get support? Yes No If yes, do you have a Court Order or Voluntary Agreement to support? (check one)

Please attach a copy of your court order or agreement to support.

Type(s) of Support Child Support Medical Support Spousal/Alimony Support (check all that apply)

How is support paid? (Check one) Centralized Collections Direct to you To _____
 (landlord, daycare center, etc.)

Court docket number _____ **Order Effective Date** _____ **County** _____ **State** _____

Amount Ordered \$ _____ per _____ Amount of past due support \$ _____

Children included in the order agreement _____

Use this space to tell us any additional information that you think will help us get support for you.